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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/552,231

04/21/2006

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478.1072

8836

23280 7590 12/01/2009  
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EXAMINER

JEAN-LOUIS, SAMIRA JM

ART UNIT

PAPER NUMBER

1627

MAIL DATE

DELIVERY MODE

12/01/2009

PAPER

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.



## **DETAILED ACTION**

### ***Response to Arguments***

This Office Action is in response to the amendment submitted on 07/09/09. Claims 1-2, 4-10, 12-18, 21-35, and 42-47 are currently pending in the application, with claims 3, 11, 19-20, and 36-41 having being cancelled. Accordingly, claims 1-2, 4-10, 12-18, 21-35, and 42-47 are being examined on the merits herein.

Receipt of the aforementioned amended claims is acknowledged and has been entered.

Applicant's traversal of the provisional Obviousness Double Patenting (ODP) rejection of claims 1-2, 11-14, 19, 22-23, and 27-37 over claims 1 and 4 of copending application 10/413022 is acknowledged. Since co-pending application 10/413,022 is now abandoned, such rejection is moot. Consequently, the ODP rejection over co-pending application 10/413,022 is hereby withdrawn. Applicant's traversal of the provisional ODP rejection of claims 1-2, 10-18, and 23-36 over claims 1-11, 16, and 30-33 of copending application 10/621,964 is acknowledged, but since applicant did not put forth any arguments against this rejection, the ODP is maintained for reasons of record as stated in the previous office action and restated below for applicant's convenience.

Applicant's argument with respect to the rejection of claims 1-2, 4-5, 7-11, 15-19, 24, 26-27, and 42 over Gupta et al. under 35 U.S.C. § 102(b) has been fully considered. However, given that applicant has amended the claims, such rejection is now moot.

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Consequently, the rejection of claims 1-2, 4-5, 7-11, 15-19, 24, 26-27, and 42 over Gupta et al. under 35 U.S.C. § 102(b) is hereby withdrawn.

Applicant's contention that Gupta et al. do not render obvious applicant's invention as amended has been fully considered. Particularly, applicant argues that the Gupta reference does not teach a nominal dose of apomorphine of from about 100 to about 1600 micrograms of apomorphine. Such arguments are however not found persuasive as the Examiner contends that Gupta and as stated by applicant teaches administration of apomorphine to dogs in an amount of 0.5 mg to dogs wherein 1.33 mg in dogs corresponds to 8 mg in humans. As a result and as disclosed by applicant, Gupta et al. teach a dose of 3-12 mg of human dose or 3000-12,000 micograms human dose. The Examiner further contends that in light of applicant's recitation of the term "about" such dosage of 3000 mg does indeed render obvious applicant's recitation of administration of **about** 1600 micograms of apomorphine. Moreover, the Examiner maintains that adjusting the concentration of apomorphine is well within the purview of the skilled artisan and determination of the most effective dosage of apomorphine in humans would be well within the purview of the skilled artisan depending upon the severity of the disease or the patient to be treated. Consequently, the Examiner contends that Gupta does indeed render obvious applicant's invention.

As for applicant's arguments that Gupta does not teach a composition wherein the administration of the composition by pulmonary inhalation provides a Cmax within 1 to 5 minutes, the Examiner maintains that such arguments are not persuasive.

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Applicant further teaches that the ability to achieve such rapid Cmax is unpredictable and unexpected. The Examiner however disagrees as the Examiner maintains that such recitation was rendered obvious by Gupta who teaches that the Cmax was achieved immediately. As a result of such disclosure, the Examiner contends that Cmax being achieved immediately does indeed render obvious applicant's claims of a very rapid Cmax within 1 minute. Moreover, because Gupta teaches that Cmax was achieved immediately, the rapid Cmax is therefore not unpredictable nor unexpected as such rapid Cmax was discussed in Gupta.

Regarding applicant's arguments that Gupta does not teach the composition as an inhalation but rather as an instillation, the Examiner firmly disagrees as Gupta does indeed teach the composition as an inhalation composition. The Examiner respectfully points out to applicant that Gupta teaches its composition by inhalation to the lungs (see abstract, pg. 1, paragraph 0012, pg. 2, and paragraph 0033). In fact, Gupta et al. teach a method of administration for inhalation utilizing the use of dry powder inhalers further suggesting that the composition of Gupta is a dry powder composition (see pg. 8, claim 15). While Gupta exemplifies solution form of the composition, this in no way negates the explicit disclosure of Gupta who clearly envisioned the use of dry powder inhalers (see pg. 6, paragraph 0069). Consequently, the Examiner maintains that Gupta et al. do indeed teach dry powder composition for inhalation to the lungs and thus render obvious applicant's invention.

Applicant's argument with respect to the pharmacokinetic parameters not being disclosed in Gupta has been fully considered. While Gupta did not explicitly state all of the pharmacokinetic parameters, the Examiner contends that Gupta was rendered obvious over a combination of references. Lucas was provided to demonstrate that dry powder system for pulmonary delivery requires particles of mass median that are in the range of 1-5 microns. Additionally, the Examiner contends that in light of the disclosure of Gupta who uses a similar apomorphine as the instant invention, the properties would necessarily be the same as a compound and all of its properties are inseparable; they are one and the same thing. *315 F.2d at 391, 137 USPQ at 51.*

As for applicant's arguments that the apomorphine solution of Gupta does not have to undergo dissolution of drug because it is already in a form suitable for transport across the lung while the instant invention is particulate apomorphine, such arguments are not found persuasive as Gupta simply teaches the use of apomorphine by inhalation to the lungs. Though Gupta teaches various forms of apomorphine, this in no way negates the explicit teachings of Gupta wherein the apomorphine is taught as a powder suitable for inhalation (see pg. 3, paragraph 0048 and pg. 8, claim 15). As a result, the Examiner contends that Gupta does indeed render obvious applicant's invention. Consequently, the Examiner maintains that Gupta does indeed render obvious applicant's invention and the rejection of claims 1-2, 4-5, 7-11, 15-19, 24, 26-27, and 42 under 35 U.S.C. § 103 (a) is maintained.

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Applicant's argument with respect to Vervaet who does not teach the composition by pulmonary inhalation which provides a Cmax within 1 to 5 minutes has been fully considered but not found persuasive. Again, the Examiner reiterates the fact that applicant is arguing features not previously presented in independent claim 1. It is noted that the features upon which applicant relies (i.e., Cmax within 1 to 5 minutes in independent claim 1) are not recited in the rejected claim(s). Although the claims are interpreted in light of the specification, limitations from the specification are not read into the claims. See *In re Van Geuns*, 988 F.2d 1181, 26 USPQ2d 1057 (Fed. Cir. 1993). The Examiner further contends that Vervaet was provided to demonstrate that HFA 227 and 134 are known in the art in the use of pressurized dose inhalers and for improved drug solubility. Pierre, on the other hand, was provided to demonstrate that various types of inhalers are known in the art for inhalation delivery. As for Snow, such reference was provided to demonstrate that dry powder composition can be provided in a blister package. Consequently, the Examiner maintains that one of ordinary skill in the art would have found it obvious to utilize HFA134 and HFA227 along with ethanol and water as taught by Vervaet in the composition of Gupta since Vervaet teach that such pMDI leads to improved drug solubility. Likewise, one of ordinary skill in the art would have found it obvious to utilize the inhaler devices taught by Pierre or Snow since Pierre and Snow that such devices are well-known in the art for drug delivery by inhalation. Consequently, the Examiner maintains that Vervaet, Pierre and Snow do indeed render obvious applicant's invention.

For the foregoing reasons, the rejections of record remain proper. However, in view of applicant's amendment, the following modified ODP and 103 (a) Final rejections are being made.

### ***Provisional Non-Statutory Double Patenting***

The nonstatutory double patenting rejection is based on a judicially created doctrine grounded in public policy (a policy reflected in the statute) so as to prevent the unjustified or improper timewise extension of the "right to exclude" granted by a patent and to prevent possible harassment by multiple assignees. A nonstatutory obviousness-type double patenting rejection is appropriate where the conflicting claims are not identical, but at least one examined application claim is not patentably distinct from the reference claim(s) because the examined application claim is either anticipated by, or would have been obvious over, the reference claim(s). See, e.g., *In re Berg*, 140 F.3d 1428, 46 USPQ2d 1226 (Fed. Cir. 1998); *In re Goodman*, 11 F.3d 1046, 29 USPQ2d 2010 (Fed. Cir. 1993); *In re Longi*, 759 F.2d 887, 225 USPQ 645 (Fed. Cir. 1985); *In re Van Ornum*, 686 F.2d 937, 214 USPQ 761 (CCPA 1982); *In re Vogel*, 422 F.2d 438, 164 USPQ 619 (CCPA 1970); and *In re Thorington*, 418 F.2d 528, 163 USPQ 644 (CCPA 1969).

A timely filed terminal disclaimer in compliance with 37 CFR 1.321(c) or 1.321(d) may be used to overcome an actual or provisional rejection based on a nonstatutory double patenting ground provided the conflicting application or patent either is shown to



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be commonly owned with this application, or claims an invention made as a result of activities undertaken within the scope of a joint research agreement.

Effective January 1, 1994, a registered attorney or agent of record may sign a terminal disclaimer. A terminal disclaimer signed by the assignee must fully comply with 37 CFR 3.73(b).

Claims 1-2, 10, 12-18, and 23-26 are provisionally rejected on the ground of nonstatutory obviousness-type double patenting as being unpatentable over claims 1-11, 16, and 30-33 of copending Application No. 10/621964 (hereinafter Staniforth US Patent Application No. '964). Although the conflicting claims are not completely identical, they are not patentably distinct from each other because both applications are directed to a composition or a method containing a composition comprising apomorphine or its pharmaceutically acceptable salt or ester. The claimed invention and co-pending application Staniforth '964 are rendered obvious over another as the claimed invention teaches a composition for pulmonary inhalation comprising apomorphine, its pharmaceutically acceptable salt or ester whereas Staniforth '694 teaches a method for treating sexual dysfunction comprising a similar composition comprising particular dosages of apomorphine. While Staniforth '694 is directed to a method, such method however necessarily uses a similar composition rendering the instant application obvious. Thus, the aforementioned claims of the instant application are substantially overlapping in scope as discussed hereinabove and are prima facie obvious over the cited claims of corresponding application No. 10/621964.

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This is a provisional obviousness-type double patenting rejection because the conflicting claims have not in fact been patented.

***Claim Rejections - 35 USC § 103***

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

**Claims 1-2, 4-10, 12-18, 21-28, and 42 are rejected under 35 U.S.C. 103 (a) as being unpatentable over Gupta et al. (U.S. 2002/0006933 A1, previously cited in view of Lucas et al. (Pharmaceutical Research 1999, Vol. 16, No. 10, pgs. 1643-1647, previously cited by applicant).**

This application currently names joint inventors. In considering patentability of the claims under 35 U.S.C. 103(a), the examiner presumes that the subject matter of the various claims was commonly owned at the time any inventions covered therein were made absent any evidence to the contrary. Applicant is advised of the obligation under 37 CFR 1.56 to point out the inventor and invention dates of each claim that was not commonly owned at the time a later invention was made in order for the examiner to

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consider the applicability of 35 U.S.C. 103(c) and potential 35 U.S.C. 102(e), (f) or (g) prior art under 35 U.S.C. 103(a).

*It is respectfully pointed out that the recitation "for treating sexual dysfunction by pulmonary inhalation" has not been given patentable weight because the recitation occurs in the preamble of a product claim. A preamble of a product claim is generally not accorded any patentable weight where it merely recites the purpose of a process or the intended use of a structure, and where the body of the claim does not depend on the preamble for completeness but, instead, the process steps or structural limitations are able to stand alone. See In re Hirao, 535 F.2d 67, 190 USPQ 15 (CCPA 1976) and Kropa v. Robbie, 187 F.2d 150, 152, 88 USPQ 478, 481 (CCPA 1951).*

Gupta et al. teach a method for administering apomorphine to a patient for the treatment of sexual dysfunction while reducing undesirable side effects and wherein the apomorphine is attained with the patient's plasma of up to 10 ng/ml (see abstract and pg.1, paragraphs 0001 and 0011-0012). Gupta et al. further teach that the method of administration can be by inhalation to the lungs (see pg. 1, paragraphs 0012 and 0020 and pg. 2, paragraph 0033). Additionally, Gupta et al. disclose that the method may be utilized to treat sexual dysfunction in males or females and that the plasma concentration of apomorphine (i.e. Cmax) may be from about 0.1 to about 7 ng/ml (instant claims 4-5; see pg. 2, paragraph 0023). Gupta et al. further teach that the method can treat impotence or erectile dysfunction (instant claim 15) in males which

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can result from psychological disturbances (i.e. psychogenic; instant claim 17), physiological abnormalities in general (i.e. organic; instant claim 18), or for female sexual dysfunction (instant claim 16; see pg. 2, paragraphs 0037 and 0039-0040).

Powders of apomorphine can also be used and placed in a capsule wherein the capsule is set in an inhalation device (instant claim 42; see pg. 3, paragraph 0047). The delivery device for inhalation may also include metered dose inhalers, dry powder inhalers or nebulization of solution or suspension (instant claims 19 and 42; see pg. 2, paragraph 0035). Apomorphine can exist as a free base or as an acid addition salt including the hydrochloride salt (instant claim 2; see pg. 3, paragraphs 0042-0043). Importantly, Gupta et al. teach that the apomorphine and its pharmaceutically acceptable salts thereof may be formulated into compositions together with one or more non-toxic physiologically tolerable or acceptable diluents, carriers, adjuvants or vehicle (instant claim 1; see pg. 3, paragraph 0048). Of interest, Gupta et al. teach addition of adjuvants such as lecithin for maintaining proper fluidity (instant claims 24 and 26; see pg. 4, paragraph 0054). For solid dosage forms, powders may be formulated wherein the active compound may be mixed with at least one inert, pharmaceutically acceptable excipient or carrier including fillers such as lactose or lubricants such as magnesium stearate (instant claim 27; see pg. 4, paragraph 0055). Gupta et al. further demonstrated dose proportionate increase in both C<sub>max</sub> and in AUC (instant claims 7-9) and that administration by inhalation results in a more effective bioavailability without a proportional increase in adverse side effects (instant claim 10; see pg. 6, paragraph 0069). For the studies of the current invention, Gupta estimates that an 8 mg human

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dose is equivalent to about a 1.33 mg apomorphine dose in dogs (see pg. 7, paragraph 0074). Consequently, because administration of dosages in dogs in the range of 0.5 to 20mg/dog achieved plasma drug levels, an equivalent of 3 mg-120 mg human dose would also lead to plasma drug levels (i.e.  $0.5 \text{ mg/dog} \times 8 \text{ mg human/1.33 mg dog}$ ; instant claims 11-14; see pg. 7, paragraph 0074).

Gupta et al. do not specifically teach a composition wherein the composition provides a nominal dose of from about 100 to about 1600 micrograms and wherein the C<sub>max</sub> is achieved within 1 to 5 minutes or a terminal half-life of between 50 and 70 minutes or the exact dosages of apomorphine or additives in the composition. Similarly, Gupta et al. do not teach that apomorphine has a mass median aerodynamic diameter of 10 microns or less.

Gupta et al. does teach an equivalent dose of 3-12 mg in humans or a 3000-12,000 micograms human dose. The Examiner further contends that in light of applicant's recitation of the term "about" such dosage of 3000 micrograms does indeed render obvious applicant's recitation of administration of **about** 1600 micograms of apomorphine. Moreover, the Examiner maintains that adjusting the concentration of apomorphine is well within the purview of the skilled artisan and determination of the most effective dosage of apomorphine in humans would be well within the purview of the skilled artisan depending upon the severity of the disease or the patient to be treated.

Gupta further teach that the Cmax is achieved immediately following administration necessarily meeting applicant's limitation of within 1 minute (see Gupta, pg. 7, paragraph 0072). As for the dosage limitation and terminal half-life, it is well within the purview of the skilled artisan to vary the dosage of apomorphine and/or additives so as to obtain the most efficacious dosage in humans depending on the severity of the disease or the patient to be treated. Similarly, one of ordinary skill in the art would have found it obvious to optimize the dosage so as to obtain the best half-life of a dosage that is effective in treating sexual dysfunction.

Lucas et al. teach that an effective and efficient dry powder system for pulmonary delivery requires particles of mass median aerodynamic diameters that are in the range of 1.0-5 microns (see pg. 1643, abstract). For deep lung regions, even smaller aerodynamic diameters are preferred in the range of 1-2.0 microns (see pg. 1643, abstract). Importantly, Lucas et al. teach that dry powder inhalers (DPI) relies on both the formation of ordered units between the drug and the coarse carrier however efficiency is often poor (see pg. 1643, abstract). Thus, Lucas et al. teach that to avert the problems with poor flow, several solutions can be used including inclusion of excipient such as L-leucine which modifies the bulk properties of the formulation (see pg. 1643, abstract and pg. 1644, right col. and pg. 1646, right col.). For Preparation of powder aerosol formulation, Lucas et al. teach the use of an active such as salbutamol sulphate using either a coarse or fine particles of lactose of 63-90 microns (instant claim 28; see pg. 1644, left col.).

Thus, to one of ordinary skill in the art at the time of the invention would have found it obvious to optimize the dosage and administer the composition of Gupta for the treatment of sexual dysfunction. Thus, given the teachings of Gupta and Lucas, one of ordinary skill would have been motivated to utilize the composition of Gupta and optimize the dosage of apomorphine and additives as taught by Lucas with the reasonable expectation of providing a composition that is effective in rapidly treating sexual dysfunction and composition that achieves high plasma levels.

While the exact dosages of the ingredients are not disclosed by Gupta et al., it is generally noted that differences in concentration do not support the patentability of subject matter encompassed by the prior art unless there is evidence indicating such concentration or dosage is critical. “[W]here the general conditions of a claim are disclosed in the prior art, it is not inventive to discover the optimum or workable ranges by routine experimentation.” In re Aller, 220 F.2d 454, 456, 105 USPQ 233, 235 (CCPA 1955). Given that applicant did not point out the criticality of specific ranges or dosages of the invention, it is concluded that the normal desire of scientists or artisans to improve upon what is already generally known would provide the motivation to determine where in a disclosed set of ranges is the optimum combination of percentages.

**Claims 29-35 are rejected under 35 U.S.C. 103(a) as being unpatentable over Gupta et al. (U.S. 2002/0006933 A1, previously cited) as applied to 1-2, 4-10,**

**12-18, 21-28, and 42 above and in further view of Vervaet et al. (International Journal of Pharmaceutics. 1999, Vol. 186, pgs. 13-30, previously cited).**

The Gupta reference is as discussed above and incorporated by reference herein. However, Gupta does not teach a composition comprising a pMDI formulation with a propellant, water, and a solvent.

Vervaet et al. teach the current use of HFA 134 a and HFA 227 (instant claim 29-30 and 33-34) in pressurized metered dose inhalers (pMDI) along with co-solvents such as ethanol (pg. 21, left col.; instant claims 29 and 31) and surfactants and that the aforementioned propellants and excipients are particularly useful in stabilizing such suspensions and in enhancing the solubility of drugs (see pg. 13, abstract; pg. 20, left col. and pg. 24, left col.). However, for improved solubility of the drug, Vervaet et al. teach the addition of both HFA propellant and co-solvents (see abstract, pg. 13). Importantly, Vervaet teaches that due to the fact that surfactant solubility and drug solubility are heavily reliant on the ability to form dipole-dipole interactions between the solute and the liquid propellant, small amounts of competing dipolar molecules such as water can cause precipitation and thus strict control of water is required for co-solvents free HFA formulations (see pg. 19, left col., and right col., paragraph 2).

Thus, to one of ordinary skill in the art at the time of the invention would have found it obvious to formulate the composition of Gupta et al. in an MDI formulation and



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add propellants such as HFA 134a and HFA 227 along with ethanol and water since Gupta et al. teach that his composition can be formulated as an MDI and Vervaet et al. teach that HFA are the new alternatives to CFC propellants. Moreover, one of ordinary skill in the art would have found it obvious to add water in small amounts and optimize the concentration of the propellants since Vervaet et al. teach that water needs to be strictly controlled along with the amount of propellants for solubility purposes. Given the teachings of Gupta et al. and Vervaet, one of ordinary skill in the art would have found it obvious to add propellant, water, and ethanol with the reasonable expectation of providing a composition that is effectively administered in MDIs and a composition that is highly stable.

While the exact dosages of the ingredients are not disclosed by Vervaet et al., it is generally noted that differences in concentration do not support the patentability of subject matter encompassed by the prior art unless there is evidence indicating such concentration or dosage is critical. "[W]here the general conditions of a claim are disclosed in the prior art, it is not inventive to discover the optimum or workable ranges by routine experimentation." *In re Aller*, 220 F.2d 454, 456, 105 USPQ 233, 235 (CCPA 1955). Given that applicant did not point out the criticality of specific ranges or dosages of the invention, it is concluded that the normal desire of scientists or artisans to improve upon what is already generally known would provide the motivation to determine where in a disclosed set of ranges is the optimum combination of percentages.

**Claims 43-44 are rejected under 35 U.S.C. 103(a) as being unpatentable over Gupta et al. (U.S. 2002/0006933 A1, previously cited) as applied to -2, 4-10, 12-18, 21-28, and 42 above and in further view of Pierre et al. (Annals of Allergy, Asthma and Immunology, April 1999, Vol. 82, No. 4, pgs. 377-382, abstract, previously submitted).**

The Gupta et al. reference is as discussed above and incorporated by reference herein. However, Gupta does not particularly teach specific types of dry powder inhaler devices.

Pierre et al. teach the use of both propellant driven inhalers as well as breath actuated devices in treating asthma (see abstract). Importantly, Pierre et al. demonstrated that no significant differences existed in the potency and delivery system of the two devices (see abstract).

Thus, to one of ordinary skill in the art at the time of the invention would have found it obvious to formulate the composition of Gupta et al. as either an active inhaler or a breath actuated inhaler depending on the desired type of product and/or patient's preferences and ease of compliance. Given the teachings of Gupta et al. and Pierre, one of ordinary skill in the art would have found it obvious to select either an active inhaler or a breath actuated inhaler for the administration of the composition of Gupta et al. in the treatment of sexual dysfunction with the reasonable expectation of providing a

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composition that is effectively administered in MDIs and a composition that is highly efficient in its delivery system.

**Claims 45-47 are rejected under 35 U.S.C. 103(a) as being unpatentable over Gupta et al. (U.S. 2002/0006933 A1, previously cited) as applied to 1-2, 4-10, 12-18, 21-28, and 42 above and in further view of Snow (U.S. 2002/0134382 A1, previously cited).**

The Gupta et al. reference is as discussed above and incorporated by reference herein. However, Gupta does not particularly teach the use of a blister in the dry powder composition.

Snow teaches a medicament container configured to improve entrainment of the medicament in the air and to improve deposition of the medicament in the lungs (see abstract). Snow further teaches that several types of inhalation devices exist and dry powder inhalers are one type of inhalation devices (see pg. 1, paragraph 0008). Snow further teaches that dry powder medicaments often relies on providing a package containing multiple doses of medicament wherein each is contained in a sealed blister (instant claim 45; see pg. 1, paragraph 0012). In fact, Snow teaches that the instant invention can comprise a blister type pack wherein the upper layer and bottom layer of the container is formed by a generally planar piece of material that may be readily punctured (see pg. 4, paragraph 0063 and pg. 5, paragraph 0076). Preferred

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embodiments include the upper layer formed by a piece of foil forming a disk and such use of foil for blister packs is well known in the art and several types of foil are readily available (instant claim 46; see pg. 4, paragraph 0063). Moreover, Snow teaches that the lower layer can be formed of materials which are more durable than foil and be made of materials such as polypropylene that are compatible with the medicament being used (see pg. 5, paragraph 0077).

Thus, to one of ordinary skill in the art at the time of the invention would have found it obvious to formulate the composition of Gupta et al. as a blister pack since it is well-known in the art to formulate dry powder inhalers in blister pack and given that Snow teaches dry powder medications in foil blister packs for easy penetration by lancets. Moreover, one of ordinary skill in the art would have found it obvious to further formulate the disk with propylene containing layers since Snow teaches that such layers are compatible with the medicament. Given the teachings of Gupta et al. and Snow, one of ordinary skill in the art would have found it obvious to formulate the composition of Gupta et al. in a sealed blister pack and further include propylene layer for compatibility purposes with the reasonable expectation of providing a composition that is properly sealed and a container that is easily accessible.

### ***Conclusion***

No claims are allowed.

**THIS ACTION IS MADE FINAL.** Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire **THREE MONTHS** from the mailing date of this action. In the event a first reply is filed within **TWO MONTHS** of the mailing date of this final action and the advisory action is not mailed until after the end of the **THREE-MONTH** shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than **SIX MONTHS** from the mailing date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Samira Jean-Louis whose telephone number is 571-270-3503. The examiner can normally be reached on 7:30-6 PM EST M-Th.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Sreeni Padmanabhan can be reached on 571-272-0629. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

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Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/S. J. L. /

Examiner, Art Unit 1627

11/22/2009

/SREENI PADMANABHAN/

Supervisory Patent Examiner, Art Unit 1627